

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		7/20/99
O.I.P.E. CLASSIFIER		5	7/21/99
FORMALITY REVIEW	HA	71621	7/30/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	7-20-99
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10	✓	✓	7-20-99
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17	✓	✓	7-20-99
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20	✓	✓	7-20-99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

(SEE INSIDE)

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